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|-------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------|
| Index of Claims  | Application/Control No. 10803133 | Applicant(s)/Patent Under Reexamination MILLER ET AL. |
| | Examiner Rayyan, Susan F | Art Unit 2167 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|----------------------------------------------------------------------------------------|----------|------------|------------|------------|--|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 05/11/2007 | 10/27/2007 | 05/07/2008 | | | | | | | |
| | 1 | ✓ | ✓ | ✓ | | | | | | | |
| | 2 | ✓ | ✓ | ✓ | | | | | | | |
| | 3 | ✓ | ✓ | ✓ | | | | | | | |
| | 4 | ✓ | ✓ | ✓ | | | | | | | |
| | 5 | ✓ | ✓ | ✓ | | | | | | | |
| | 6 | ✓ | ✓ | ✓ | | | | | | | |
| | 7 | ✓ | ✓ | ✓ | | | | | | | |
| | 8 | ✓ | ✓ | ✓ | | | | | | | |
| | 9 | ✓ | ✓ | ✓ | | | | | | | |
| | 10 | ✓ | ✓ | ✓ | | | | | | | |
| | 11 | ✓ | ✓ | ✓ | | | | | | | |
| | 12 | ✓ | ✓ | ✓ | | | | | | | |
| | 13 | ✓ | ✓ | ✓ | | | | | | | |
| | 14 | ✓ | ✓ | ✓ | | | | | | | |
| | 15 | ✓ | ✓ | ✓ | | | | | | | |
| | 16 | ✓ | ✓ | ✓ | | | | | | | |
| | 17 | ✓ | ✓ | ✓ | | | | | | | |
| | 18 | ✓ | ✓ | ✓ | | | | | | | |
| | 19 | ✓ | ✓ | ✓ | | | | | | | |
| | 20 | ✓ | ✓ | ✓ | | | | | | | |
| | 21 | ✓ | ✓ | ✓ | | | | | | | |
| | 22 | ✓ | ✓ | ✓ | | | | | | | |
| | 23 | ✓ | ✓ | ✓ | | | | | | | |
| | 24 | ✓ | ✓ | ✓ | | | | | | | |
| | 25 | ✓ | ✓ | ✓ | | | | | | | |
| | 26 | ✓ | ✓ | ✓ | | | | | | | |